

THE *Canadian Hospital*

A Monthly Journal for Hospital Executives



Toronto, Can.

The Edwards Publishing Company

November, 1927

RESEARCH

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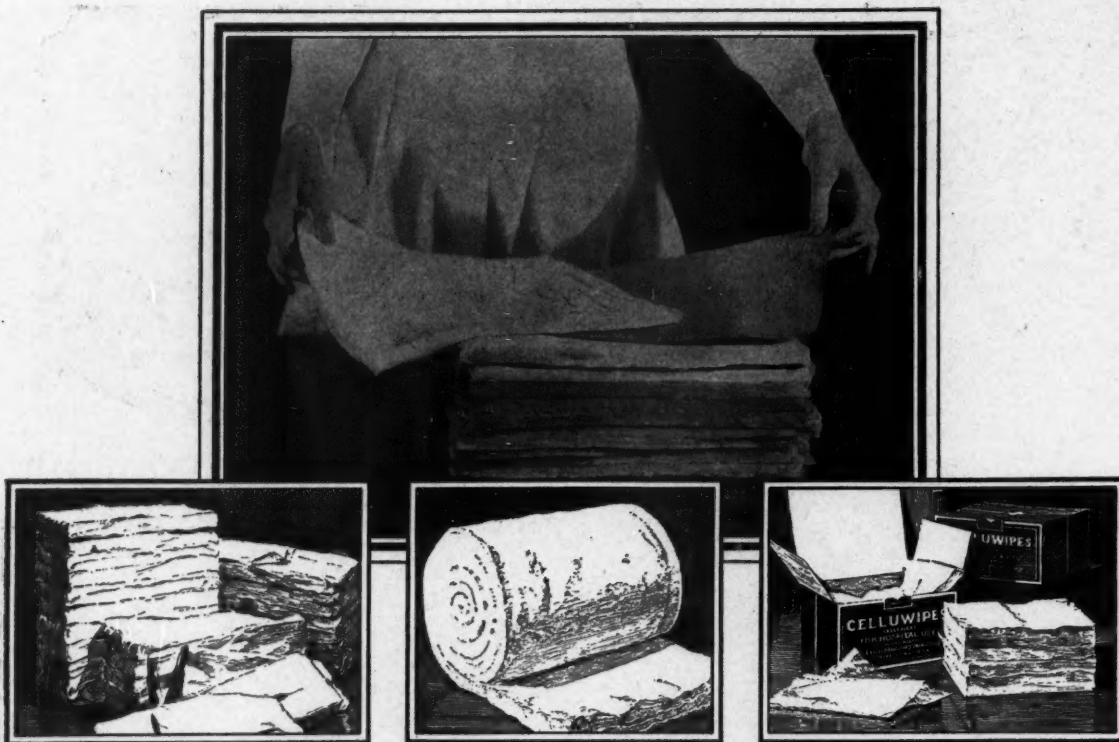


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In This Issue—

The Regina General Hospital
The Early Detection of Tuberculosis
Hospitals Handicapped by Meagre Grants
Purchasing for the Dietary Department
News of Hospitals and Staffs



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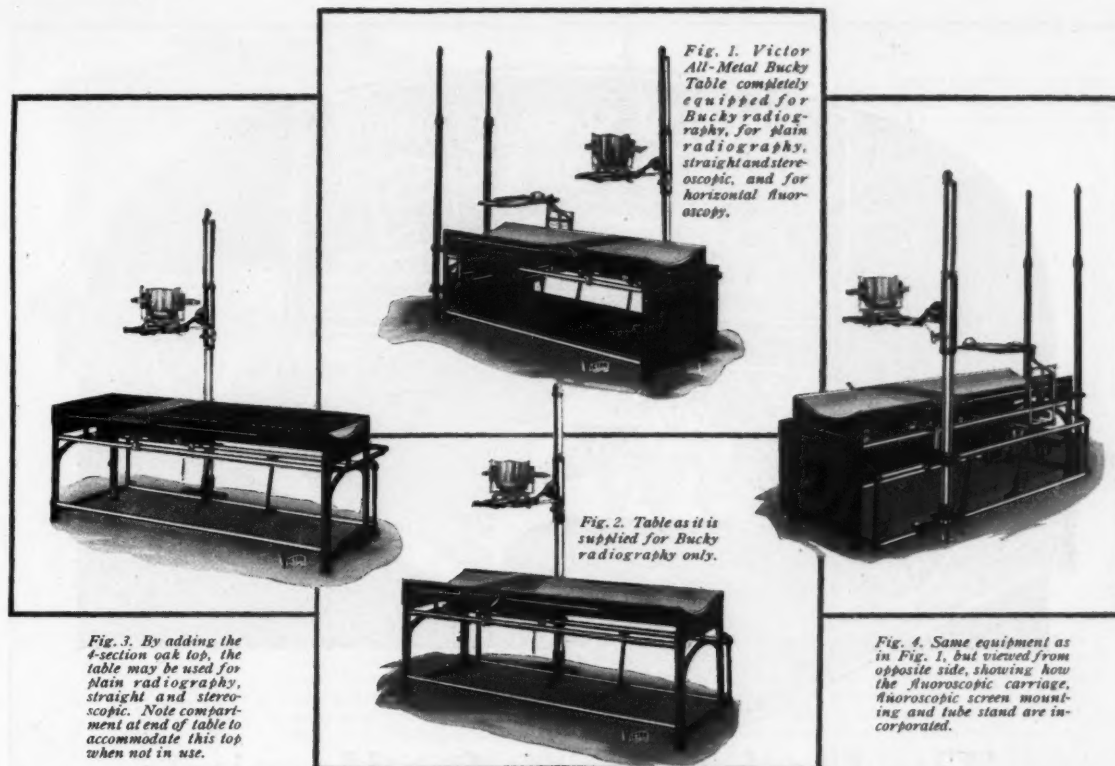
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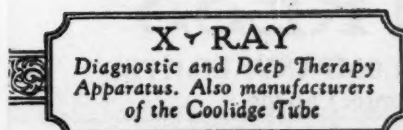
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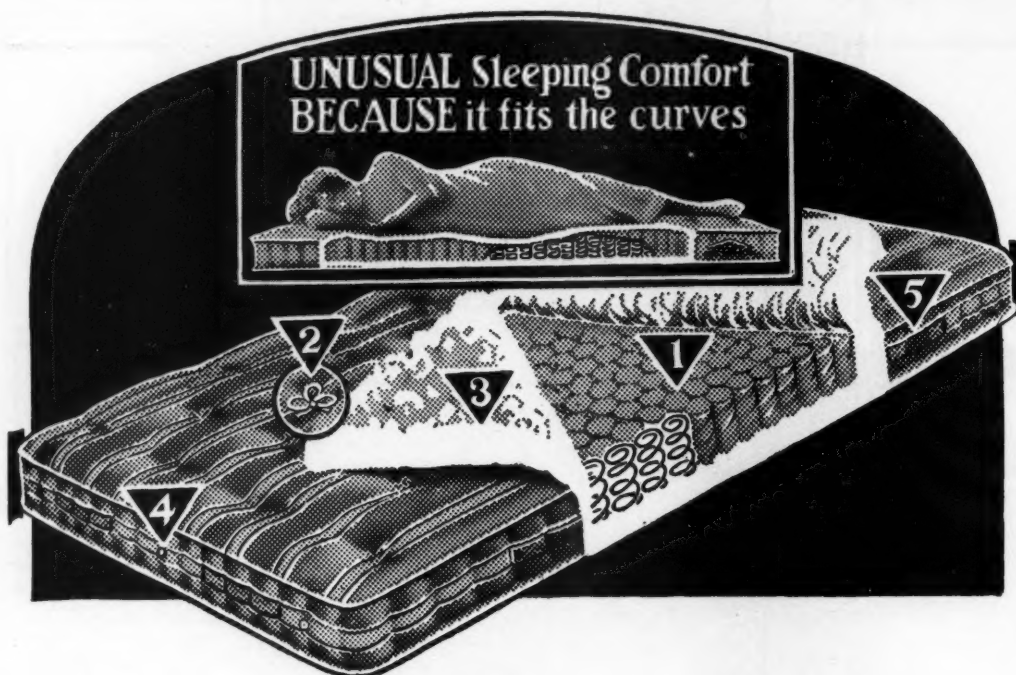
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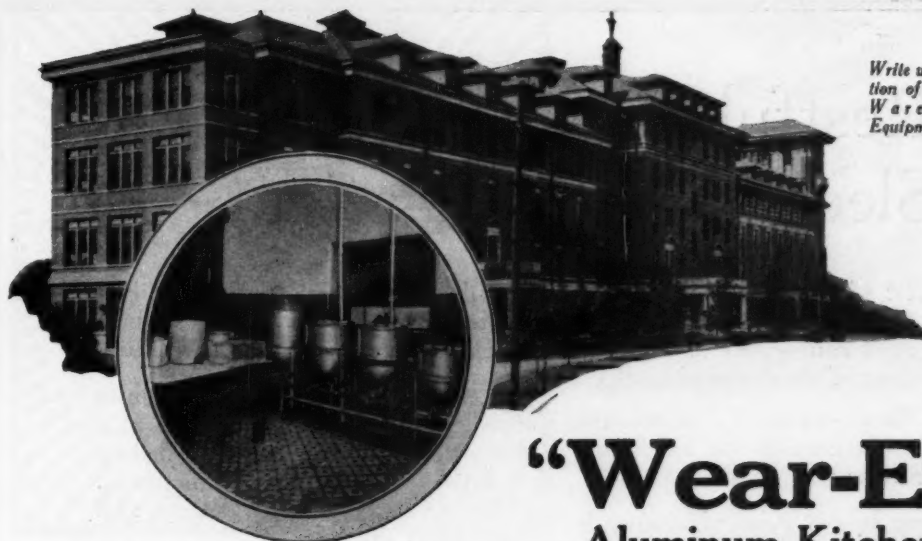
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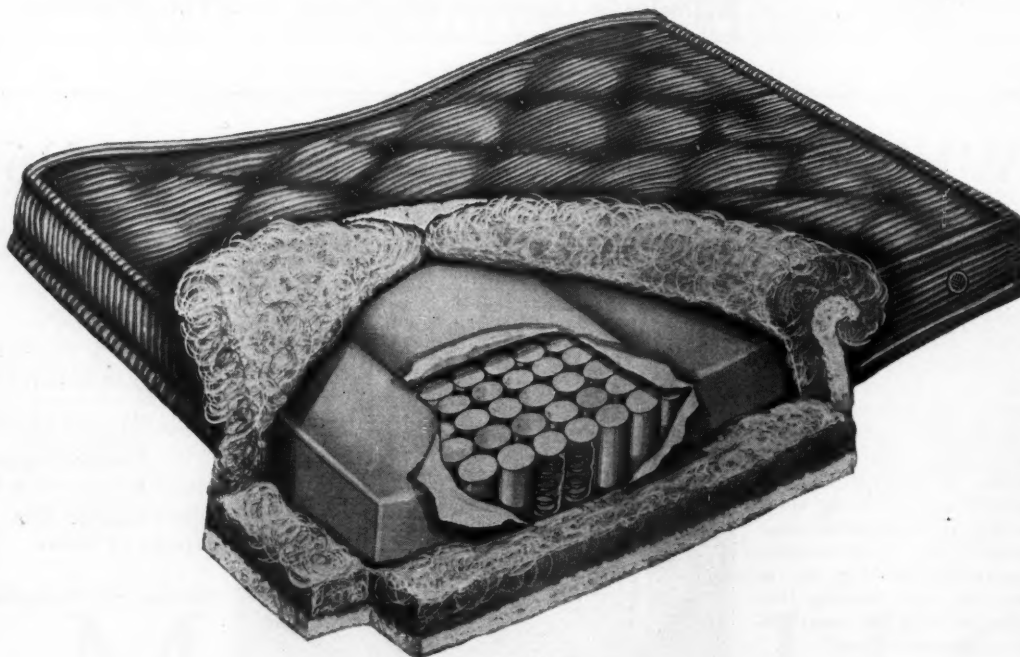
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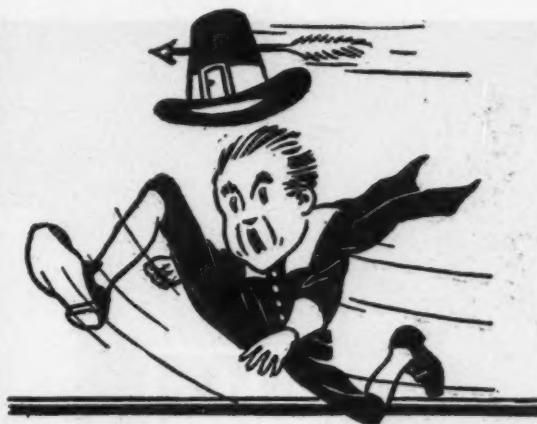
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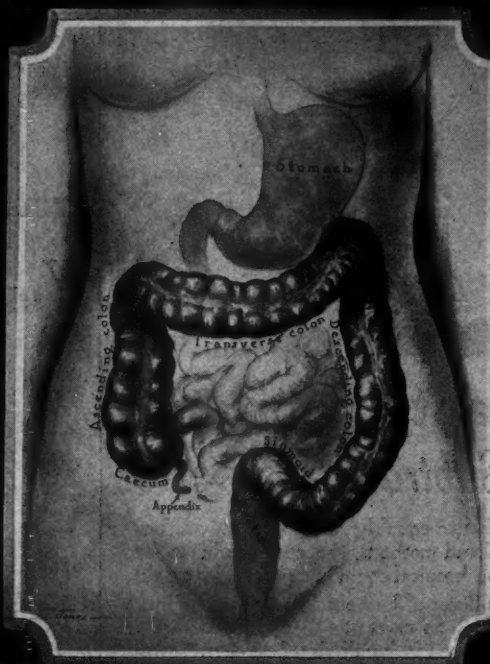
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Separate enlargements of this engraving and "Habit Time" mailed free to hospital executives on request.

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No. 11

Paying the Hospital Bill

It has been said that the high cost of living to-day is equalled only by the high cost of illness. Certain it is that sickness is an expensive calamity, the thought of which is often a nightmare with people whose incomes are small. For some time past there has been considerable agitation in some of the large cities on the American continent for hospital accommodation with adequate attention for people of moderate means. In New York an experiment along these lines has been tried by a group of woman doctors, who have planned a hospital where the charges will be based on the income of the patient. In this province the Ontario Hospital Association has been seeking to have some such system established. While it is true that no sick person need be without medical care and attention, and most of the large hospitals have their free wards, this does not meet the needs of the case. It is not free treatment that the middle-class people are looking for. What they want, and what is needed, is a hospital where medical skill would be adequate, the accommodation comfortable and the patient would not be haunted with the spectre of "the cost." To know that the charges would be based on the income would relieve many a patient's mind.



European Nurses Study in Toronto

A cosmopolitan group of nine nurses, eight of whom come from Europe and one from the United States, are studying public health nursing in the school of hygiene at the University of Toronto.

They have enrolled through the agency of the

Rockefeller foundation, which has granted each of the young ladies a fellowship to pursue a special course of training in preparation for public health work. All are graduate nurses of hospitals in the countries from which they come, and will remain in Toronto during the present university year.

The enrolment of these students from Austria, Rumania, Czecho-Slovakia, France, Jugo-Slavia and the United States is taken as a tribute to the international reputation of the department of public health nursing at the University of Toronto. Not only is this true, but an indication is given of the high place which the health training facilities of Toronto hold in the eyes of the Rockefeller foundation, and the name which this city and its educational institutions have made in the world at large.

While the fellowships are good for one year, the young ladies will complete their course in the department of public health nursing in nine months, and will then have the rest of the time free for observation and practical work. This latter part of their training may be taken in connection with the city health department, Toronto General Hospital, or the Victorian Order of Nurses, or it may be obtained in some of the cities of the United States, such as Philadelphia or Nashville, Tenn. The major part of their training, however, is that which is received at the university in Toronto.



Curative Rays of Sun Used

That sunshine increases the resistance of the human body tremendously, and also increases the acidity of the intestinal tract, were two facts brought out by Dr. Frederick F. Tisdall in addressing the Alumnae Association of the Hospital for Sick Children recently. Dr. Tisdall was discussing some of the results of his laboratory work of the past year and a half in connection with the value of sunshine to the physical welfare of the individual.

The work has been carried on under the auspices of the provincial department of health, and last June Dr. Tisdall's achievements came prominently into view when it was announced that he had succeeded in separating the long and short rays of the sun, thereby making available the curative short rays for the treatment of skin diseases and malnutrition.

Dr. Tisdall regarded the increase of acidity in the intestinal tract caused by sunshine as most remarkable. "It is a wonderful thing," he said, "that rays falling on the body should change the processes going on within. We don't know yet what it means; it is only a new fact, which may prove to be a stepping-stone."

The speaker was careful to distinguish sunshine from sunlight. The former, he said, included heat rays and ultra-violet rays, the latter of which could neither be seen nor felt. Five years ago, declared Dr. Tisdall, these rays had been ignored by physiologists, but to-day it was known that animal life on this planet could not exist without them.

Dr. Tisdall compared the effect of the direct rays of the sun with the reflected light from the sky. He said that if an infant was placed on the shady side of a house the child would receive only from one-half to

to two-thirds the benefit it would get if placed on the sunny side. On the sunny side the child would be getting both the direct rays of the sun and the reflected rays from the sky, while on the shady side only the skylight would be received. In answer to a question, the doctor declared no harm would be done to the baby's eyes by being exposed to the sun, for the baby would know enough to close its eyes if they were being affected.

He also spoke of the special glasses that are being made to allow the passage of the short rays of light. Three types were mentioned, the Vioray glass, the Vita-glass and the Corning special, and Dr. Tisdall said that while ordinary glass allowed through 2.7 units of light, these three let through respectively 5.4, 5.1 and 4.7 units. It was thus shown that ordinary glass cuts off a large proportion of the rays that are essential to life.



The Varied Uses of X-Ray

Humanity is afflicted with no fewer than three hundred skin diseases, it was pointed out by Dr. George Miller MacKee, professor of dermatology, New York Post-Graduate School Hospital, in an address at the twenty-eighth annual meeting of the American Roentgen Ray Society, held in Montreal in September.

"Over eighty of these three hundred diseases," declared Dr. MacKee, "are more or less amenable to X-ray treatment, the rest requiring external applications and internal medicines. These numerous skin diseases are caused by germs, external irritation, faulty diet, various internal troubles, and by sensitization to various foods and plants and products from animals, such as animal hair, feathers, etc.

"X-rays are aiding in getting a higher percentage of quick cures, and also in quickly relieving distressing symptoms. Many skin diseases cause and leave disagreeable conditions and defects in the skin, peculiar to the disease and not caused by the treatment, although often blamed on the treatment. A very common error in this connection is the pitted scars, or pock marks, caused by acne or pimples. The best way to prevent scars in this disease is to cure the affection as early as possible. In many cases this can be done only by X-rays.

"Some of the conditions caused or left by skin diseases are wrinkling, loss of colour, rough patches, dark skin, warty growths, growth of hair on face, excessive dryness and even cancer. These conditions should not be blamed on treatment but on the diseases themselves. Many of the conditions would be avoided if the disease were recognized early and treated at once properly."

The great therapeutic value and constantly increasing use of X-rays in the detection and treatment of disease, as well as in the more common uses to which they have been put, places the X-ray laboratory as a necessity not only in the large, well-equipped hospital, but also in those of modest size. Those who are planning new hospitals are devoting just as much study to the X-ray laboratory as to the operating room or any other department of major importance.

The X-ray department has well earned its place among the most valuable services the hospital has to offer the community.

Occupational Therapy Society Meeting

The first convention of the Ontario Society of Occupational Therapy was held on October 17th, seventy-two delegates being present from Hamilton, London, Whitby and Toronto. The morning session took place at the Occupational Therapy headquarters, Bloor Street West, Toronto, and in the afternoon the convention adjourned to Whitby, where the Ontario Hospital was visited. The day ended with a dinner at Grey Gables, and an address from Mrs. Eleanor Clarke Slagle, secretary of the American Association of Occupational Therapy.

The demand for therapists is steadily increasing in the United States, Mrs. Slagle stated, hospitals for the insane, prisons and the field of handicapped children constantly calling for more aides.

Touching on the subject of finance, the speaker told of the interest taken by women's clubs in various parts of the United States, and explained one scheme of scholarship loan funds which is backed by women of that country. She urged her audience to push ahead in the matter of appropriations, using their influence in inducing provincial and club organizations to support financially the movement of occupational therapy.

Dr. A. Primrose acted as chairman, and among those who spoke briefly were: Miss Helen Mowat, president of the Ontario Society of Occupational Therapy, Dr. Stevenson, of the Ontario Hospital, Whitby, and Miss Latter, of the staff of the University of Toronto.

Dr. A. S. Kirkland Is Honoured

Dr. A. Stanley Kirkland, radiologist of the General Public Hospital, St. John, N.B., was elected president of the Canadian X-ray Society, when the officers of that society were appointed in Montreal during the session of the American Roentgen Ray Society, which held its annual convention in the Mount Royal Hotel. Dr. Kirkland's appointment to head the Canadian organization, is a recognition of the high place he has attained among the radiologists of the Dominion.

The Canadian Society, of which Dr. Kirkland has been elected president, will hold its annual meeting in Charlottetown next year. Its annual meeting of this year was held in Montreal in June, but the election of officers was deferred at that time. Dr. E. Dixon, of Toronto, was president last year.

Edward O. Grundy Dead

Edward O. Grundy, secretary-treasurer of the Sherbrooke, Quebec, Hospital, and formerly a prominent figure in railroading in eastern Canada and the United States, passed away at his home here, on October 12th, after an illness of nearly a year. Mr. Grundy, who was in his fifty-sixth year, was taken ill last November and after spending several weeks in the hospital, made fair progress until the beginning of the summer, when his condition became serious.

HOSPITALS HANDICAPPED BY MEAGRE GRANTS

Ontario Hospital Association Makes Appeal for Adequate Financial Support

A criticism of the Ontario government's meagre grants to the hospitals of the province, particularly towards the care of sick indigents, featured the address of Major A. C. Galbraith, at the opening sessions of the Ontario Hospital Association. Major Galbraith is superintendent of the Toronto Western Hospital and acting president of the association.

"The hospital, as instituted in the middle ages, was the meanest kind of a refuge," said Major Galbraith, "in which the homeless pauper suffering from injury or disease could be given charity and a minimum of care. Since that humble beginning the hospitals have multiplied, improved and developed to an amazing degree, until to-day every community has at its disposal a service undreamed of even a generation ago. It has been well said: 'The hospital may be taken as a true measure of a civilization.'"

"It is, however, a fact that our hospitals are labouring under a handicap which withholds from our patients the fullest use of the almost miraculous blessings of medical science. There is not a hospital in this province but is depriving its patients of some facility that it cannot afford, and a majority of our hospitals are lacking in many of the major articles of equipment that would enable patients to receive, without stint, the utmost in the diagnostic and therapeutic resource.

"This handicap is solely due to the lack of a properly balanced system of hospital finance, and rests upon the hospitals to a greater or lesser degree throughout the world. It is a problem that is receiving attention everywhere. In Great Britain the voluntary system of hospital support has been challenged and a remedy is being sought. In Canada the matter is receiving attention in every province, but up to the present the Province of Ontario has done practically the least of any province toward a constructive policy in this field.

"In Ontario the hospitals are under the inspection of the inspector of prisons and public charities who is responsible to the provincial secretary. While such a grouping may have been considered proper

fifty-eight years ago (the date of commencement of such supervision) it is submitted that the function of the hospital has radically changed during this period.

"The public has come to look upon hospitals not as 'charities,' but as institutions for the advancement of health, with facilities for better diagnosis, treatment and prevention of disease, serving every class in the community. While the hospitals are proud of their charitable work, this is but one feature of a many-sided organization.

"Hospitals figure largely in their educational capacity. They are the clinical schoolrooms of our universities; they are the home of medical post-graduate study, the training ground for the growing field of lay technicians, dietitians, social service workers and others. Our training schools for nurses in Ontario have upwards of three thousand students receiving instruction.

"Why, then, should our hospitals be grouped under the heading of 'Prisons and Charities'?

Should they not more logically function under the broader departments of health or education?

But it matters not so much under which department this growing activity is placed, provided that the responsible authority follows a constructive and adequate policy. Since the formation of the association the Ontario government has been kept advised of the developments and needs of the hospitals by delegation and correspondence.

An Objectionable Bill

"In March of this year a hospital bill was prepared, given its first reading and then, happily, withdrawn. It was acceptable neither to the Ontario Hospital Association, the hospitals nor the municipalities. This legislation would have effected a substantial saving to the province, but it is submitted that even the present governmental contribution to maintenance of public ward patients is below the allowance made by any other province in Canada except Quebec, and possibly Prince Edward Island.

"Premier Taschereau has intimated that a combined provincial and municipal allowance of \$3.00



MAJOR A. C. GALBRAITH
Superintendent the Toronto Western Hospital
Director the Ontario Hospital Association

per diem in respect to indigent patients would be made statutory in the near future, in the Province of Quebec. An aldermanic committee appointed in Montreal has submitted this amount as necessary allowance. When enacted, this will make the Quebec contribution fifty per cent. greater than that of Ontario, and will bring Quebec more nearly in line with the other provinces.

"The increase in succession duties over the past sixteen years has tended to reduce voluntary bequests, although at the inception of these duties, it was represented or understood that they would be largely devoted to charitable purposes.

"Prior to 1925, the Workmen's Compensation Board paid to the hospitals the sum of \$2.00 per day for board patients in respect of which the hospitals also received the sum of fifty cents per day from the province. In February, 1925, the board acceded to representations made by this association and increased the allowance to \$2.50. Over a year later, when the cheques for the 1925 government grant were received by the hospitals, it was found that these remittances were deficient an amount equal to the number of 'compensation days.' It was found on enquiry that the department had discontinued the fifty cents per diem grant on the ground that this could not be given where the hospitals received a sum in excess of \$1.50 per day, although they had for years paid this grant to supplement the \$2.00 rate. No notification was received by the association or by the hospitals as to this decision, and no appeal was considered. Each hospital was forced to write off the item accumulated on its books monthly for over a year and, no doubt, forced to do without some much desired improvement.

Scale of Charges

"The present policy has rendered necessary a scale of charges for paying patients sufficient to meet a portion of the upkeep of public patients, whereas the entire cost of the latter is a proper charge upon the province and the municipalities, but which they have not been persuaded to assume. The whole question presents a problem which affects all of our population, and particularly that greater part made up of people of moderate means. While it is possible to conduct the hospitals under the present system, it is always under the spectre of worry and deficit, and will not allow to the paying patient either service at cost or the maximum of technical facilities.

"The very magnitude of the problem lends a certain encouragement. The self-interest of the public must be enlisted in its solution, and the best efforts of this association must be continued to find a remedy for the present situation.

"We hope that at an early date the government will lead the way in creating a more commensurate system of payment for the care and treatment of the sick poor. This will enable the hospitals to provide to the whole public facilities that cannot be provided under their present financial system."

The following officers were elected for the ensuing year: Honorary presidents, Lieut.-Col. W. M. Gartshore, London, and Major George D. Moncrieff,

Petrolia; honorary secretary-treasurer, Dr. F. W. Routley, Toronto; president, Robert H. Cameron, Toronto; vice-president, Hugh Nickle, Kingston; second vice-president, A. H. Murphy, London; secretary, Miss Dorothy Dart, Toronto. Board of Directors: Dr. G. G. Clegg, London; Dr. W. F. Langrill, Hamilton; Dr. H. R. Casgrain, Windsor; R. D. Revell, Brantford; Dr. D. M. Robertson, Ottawa; Miss E. Shortreed, Guelph; R. F. Armstrong, Kingston; Dr. J. N. E. Brown, Toronto; Dr. William Dobbie, Weston; Miss F. C. Ritchie, Petrolia; Dr. J. H. Holbrook, Hamilton; A. C. Galbraith, Toronto.

Vancouver's New Grace Hospital

In the presence of a large audience, the formal opening of the new Salvation Army "Grace" Hospital, corner of Heather Street and Twenty-Sixth Avenue, Vancouver, took place on Sunday, October 2nd, with Lieut-Governor Bruce officiating.

Upon his arrival His Honour was received by Commissioner Charles T. Rich, of Winnipeg, head of the Salvation Army in Western Canada, and presented to the medical staff of the hospital.

Following the formal part of the meeting Governor Bruce and the party inspected the hospital and were shown through the entire building. Mrs. C. T. Rich, wife of the Commissioner, presented Governor Bruce with a golden key with which to open the hospital.

The new hospital is a three-storey structure of Tudor design, and cost more than \$150,000 to construct and equip. The foundation fund of \$110,000 was established last November when approximately 500 Greater Vancouver business men conducted a ten-day finance drive.

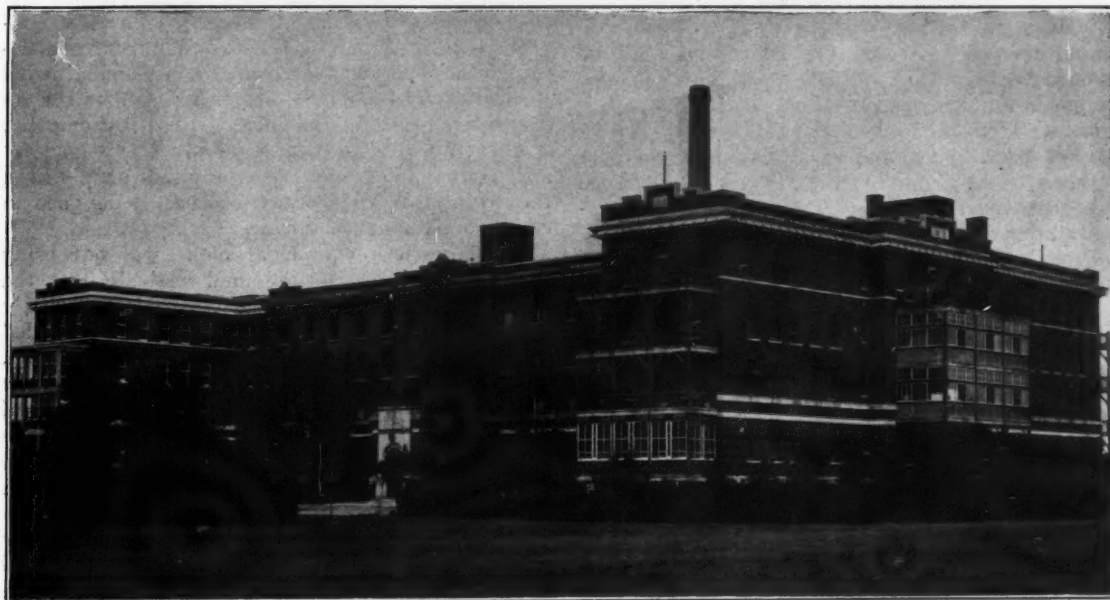
While every economy compatible with efficiency has been practised in the establishment of the hospital, no labour or expense has been spared, officials say, in obtaining the most modern scientific equipment for operating rooms, sterilizing rooms and diet department that could be secured.

The hospital will be in charge of Lt.-Col. Louise Payne, as superintendent. Mrs. Payne is noted, particularly in western Canada, as one of the most highly experienced women in her profession. As superintendent of the famous Grace Hospital at Winnipeg for fifteen years, she is credited with having brought that institution to its present high state of efficiency.

Already Mrs. Payne has received numerous applications for accommodation of patients from Greater Vancouver medical men. With a total capacity of seventy beds, the hospital is well equipped with private and semi-private wards, and these, as well as the public wards, are bright and cheery to a marked degree.

BARRIE, ONT.—Miss J. K. McArthur, R.N., former superintendent at Owen Sound General and Marine Hospital and for the past three years occupying a similar position in the hospital at Goderich, has accepted the position of superintendent of the Royal Victoria Hospital at Barrie, and will commence her duties here early in November.

ADDITIONS TO REGINA GENERAL HOSPITAL



The Regina General Hospital showing the new wing at the left of the illustration



HE new wing of the Regina General Hospital, which will be completed this month, will increase the efficiency of the hospital by more than fifty per cent. We say fifty per cent. because the actual number of beds will be increased by that number and by more than fifty per cent. because of the newest and best features of hospital science which will be incorporated.

The new wing itself will add to the number of beds which can be provided for patients by eighty-five, or more, if necessity demands. It will increase the total number of beds in the hospital to 275, eliminating for the time being the ever-present problem which, in the words of the superintendent, Dr. D. Low, is "Where shall we find room for all the beds that are needed?"

To Facilitate Admission

As for the features which will catch the eye and warm the heart of the medical profession, they are numerous. The wing as a whole is modelled very nearly after the Ottawa Civic Hospital. It will have a port cochère, otherwise known as a large gate for ambulances and automobiles, at the centre of the north side of the wing. Because of this, the admitting office of the hospital is to be moved into the new wing, and the present admitting office will be made into a rotunda, along with the present business office. The rotunda will be used as a reception room for visitors to the hospital, and the present medical staff room will be transformed into a business office, with new accommodation for the staff provided in the new wing.

Those who enter the hospital about next Christmas by way of the port cochère will begin to observe the innovations and increased efficiency of the institution. The elevators by which ambulance patients will

be taken to their wards will be found very handy to the admitting office. Also, an emergency ward is to be fitted out adjoining the admitting office, and here will be placed patients who are severely hurt, or whose condition is serious enough to warrant the least possible amount of handling and moving.

Pathological Laboratory

Through the entire length of the hospital a corridor will lead directly to the port cochère. On the east side of the north wing in the basement will be the pathological laboratory which will do the work of that nature for the hospital and, if the hopes of Dr. Low are realized, its services will also be available for physicians throughout the province. Other rooms which are necessary to the carrying on of a great hospital will be found on this same side of the basement in the new wing, but the pride of the staff will be the museum which will be provided for medical specimens which have already been collected, and for others which will follow. The west side of the basement will be devoted mainly to the housing of hospital employees.

"What about the X-ray department?" was a question put to Dr. Low.

"Oh, the most up-to-date institutions are now putting their X-ray departments above ground," he answered. "It has been found that better results are being obtained."

Further inquiry revealed the fact that the governor of the hospital, desiring the best possible in the way of results, will have the X-ray department installed upon the top floor of the new wing. Those departments in which the use of the X-ray is found most helpful and necessary will be placed as close to it as possible, and it is expected that the patients will benefit from the minimizing of the amount of moving.

Continued on Page 24

Fine Laboratories at Toronto Western Hospital

It was the privilege of a representative of this journal recently to visit the laboratories of the Toronto Western Hospital, where the most modern equipment for biochemical, bacteriological and pathological work has been installed. The science of medicine has made tremendous advances during the past ten years, and it is but stating the bare truth to say that this advancement has been mainly due to developments in the application of chemistry—particularly biochemistry—to the diagnosis and treatment of diseases.

A few years ago a chemical laboratory was unknown in any except the very largest of metropolitan hospitals, but the surgeon and physician of to-day who is in attendance on hospitals, demands the service of the laboratory. It has become as essential to the modern hospitals as the operating-room. Indeed many unsuccessful operations can be attributed to lack of proper biochemical or pathological analysis previous to operating.

"There are four laboratories at Toronto Western Hospital—chemical, biochemical, pathological and bacteriological. Dr. W. E. Ferguson is director of laboratories, while the biochemical and bacteriological laboratories are under the direct charge of Mr. J. S. Wilson, biochemist, assisted by Miss Wilson, assistant biochemist.

"The pathological laboratory is in charge of Mr. Fred Thibault. The chemical laboratory is for general routine work, analysis of foodstuffs, etc., and is under the supervision of Mr. Wilson.

The outstanding departments are the biochemical laboratory and the pathological laboratory. The importance of the work carried on in these two laboratories to the efficiency of the hospital cannot be overestimated. They have eliminated guesswork and probabilities from diagnosis. Whether a growth is simply a tumor or cancerous is determined speedily in the pathological laboratory, as well as a host of other problems having to do with surgical work.

"In the biochemical laboratory work on such vital problems as the exact condition of the blood, acidity, alkalinity, etc., signifying whether or not a patient is fit for a surgical operation, is continually under way. Diabetic conditions are an especially important part of the work of this laboratory, and the excellent technique developed by Mr. Wilson, coupled with the efficient medical specialists in attendance, has earned an enviable reputation for the Toronto Western Hospital in the treatment of this disease.

"The bacteriological laboratory has every facility for culture work and investigation of infectious conditions.

"The equipment of these laboratories is the very latest and up-to-date in every respect. Equipment in the biochemical laboratory includes the latest design of De Khotinsky oven, Klett Colorimeter used especially for determination of cholesterol, haemoglobin, etc., fat extraction apparatus, polariscope, spectroscope, amino acid apparatus and hydrogen ion

apparatus. The balance used in this laboratory has a sensitivity of 1/20 mgm.

"Electrical, water, gas and carbon dioxide services are installed in each laboratory in most convenient situations. The lighting equipment is probably unexcelled in any laboratory in Canada, being the same system and fixtures as installed in the research laboratory of the General Electric Company.

"The most detailed observations can be made at any point in the laboratory at any time simply from the overhead lighting, which is specially designed to eliminate all harsh shadows.

"But modern equipment alone will not bring successful results. In the final analysis it is the chemist that does or doesn't. And this is precisely where the Toronto Western Hospital has succeeded in its laboratory work. In Mr. Wilson and Mr. Thibault, the hospital has the services of an excellent biochemist and an equally efficient pathological chemist.

"The work of Mr. Thibault in preparing paraffin sections of tissue for microscopic analysis has been referred to in some of the leading text books on pathology. Mr. Wilson, in addition to the regular biochemical work incident to the regular biochemical work incident to the hospital cases, is carrying on special research on what may be termed "problem cases." These are special cases whose exact condition has proven difficult and often impossible of definite diagnosis or of response to treatment."—Canadian Chemistry and Metallurgy.

Tinfoil for Charity

As an example of the resulting benefit to a hospital, which far outreaches the effort, the house governor writing in "The Times," gives the figures relating to the collection made for the benefit of King's College Hospital, London. Since the publication of a statement on the subject at the beginning of the year, the amount received of tin, lead and aluminum foil, and empty tooth-paste tubes, has averaged about two hundredweight a week. The value of that quantity is sufficient to cover completely the cost of maintaining two beds in the hospital. That has been secured by the avoidance of waste by a number of collectors of all ages and social standing.

Montreal has Big Medical Meeting

Seventy universities and medical schools were represented at the twenty-eighth annual meeting of the Association of American Medical Colleges which was held for the first time in its history in Montreal on October 24, 25 and 26. In view of the many improvements which have taken place in the McGill Medical School within recent years and the development in various departments a request was made that the meeting should take place in Montreal in McGill University and the hospitals.

McGill men played a prominent part in the programme, and the methods in Canadian medical education were featured. Dr. Charles F. Martin, dean of the McGill faculty of medicine, the president of the association, was in the chair.



PETER LOWE, in 1599, founded the School of Medicine in Glasgow, and his "A Discourse of the Whole Art of Chyrurgery" was the first adequate description in English of the best continental practice. In amputations he used the cautery to control hemorrhage if there was putrefaction, but in clean cases preferred the ligature, using "a needle with a strong thread knit with a double knot, tying a little of the flesh with the veins to make it hold the better."

D&G Sutures

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GERMICIDAL. Exerts a bactericidal action in the suture tract. Supersedes the older unstable iodized sutures. Impregnated with the double iodine compound, potassium-mercuric-iodide.† Heat sterilized.



The boilable grade is unusually flexible for boilable catgut; the non-boilable grade is extremely flexible.

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BOILABLE*	NON-BOILABLE
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1205.....PLAIN CATGUT.....	1405
1225.....10-DAY CHROMIC.....	1425
1245.....20-DAY CHROMIC.....	1445
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Approximately 60 inches in each tube

Package of 12 tubes of a size.....\$3.00
Less 20% on gross or more or \$28.80, net, a gross

Claustro-Thermal Catgut

ASEPTIC. Sterilized by heat after the tubes are sealed. Boilable.* Unusually flexible for boilable catgut.

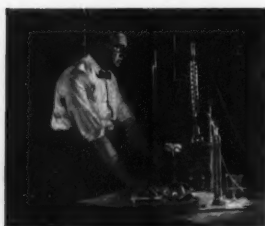


NO.	
105.....	PLAIN CATGUT
125.....	10-DAY CHROMIC CATGUT
145.....	20-DAY CHROMIC CATGUT
185.....	40-DAY CHROMIC CATGUT

Sizes: 000..00..0..1..2..3..4

Approximately 60 inches in each tube

Package of 12 tubes of a size.....\$3.00
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D&G Sutures are always found neutral under the most delicate titration tests. This is one of the reasons they uniformly behave well in the tissues.

Atraumatic Needles

FOR GASTRO-INTESTINAL suturing and for all membranes where minimized suture trauma is desirable. Integrally affixed to 20-day Kalmerid catgut. Boilable.*

Experimental evidence has proven 20-day chromic catgut the most suitable for gastro-intestinal suturing. It has been found that gastric wounds are fully healed within 12 days, and intestinal wounds at 16 days. At these periods the 20-day catgut (regardless of size) still retains, respectively, 60 per cent and 30 per cent of its initial strength.

THEY DO NOT BEND HERE



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CURVED NEEDLES ARE IN FLAT TUBES

NO.	INCHES IN TUBE	DOZEN
1341..STRAIGHT NEEDLE.....	28.....	\$3.00
1342..TWO STRAIGHT NEEDLES...	36.....	3.60
1343..3/8-CIRCLE NEEDLE.....	28.....	3.60
1345..1/2-CIRCLE NEEDLE.....	28.....	3.60

Less 20% discount on one gross or more

Sizes: 00..0..1

Packages of 12 tubes of one kind and size

Kangaroo Tendons

GERMICIDAL, being impregnated with potassium-mercuric-iodide.† Chromicized to resist absorption in fascia or in tendon for approximately thirty days. The non-boilable grade is extremely flexible.



NO.	
370.....	NON-BOILABLE GRADE
380.....	*BOILABLE GRADE

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Lengths vary from 12 to 20 inches

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NO.	INCHES IN TUBE	SIZES
350..CELLULOID-LINEN.....	60.....	000, 00, 0
360..HORSEHAIR.....	168.....	00
390..WHITE SILKWORM GUT..84.....	00, 0, 1	
400..BLACK SILKWORM GUT..84.....	00, 0, 1	
450..WHITE TWISTED SILK...60.....	000 TO 3	
460..BLACK TWISTED SILK....60.....	000, 0, 2	
480..WHITE BRAIDED SILK....60.....	00, 0, 2, 4	
490..BLACK BRAIDED SILK....60.....	00, 1, 4	

BOILABLE

Package of 12 tubes of a size . . . \$3.00
Less 20% on gross or more or \$28.80, net, a gross

Short Sutures for Minor Surgery



NO.	INCHES IN TUBE	SIZES
802..PLAIN KALMERID CATGUT..20..	00, 0, 1, 2, 3	
812..10-DAY KALMERID " ..20..	00, 0, 1, 2, 3	
822..20-DAY KALMERID " ..20..	00, 0, 1, 2, 3	
862..HORSEHAIR.....	56.....	00
872..WHITE SILKWORM GUT...28.....	0	
882..WHITE TWISTED SILK.....20.....	000, 0, 2	
892..UMBILICAL TAPE.....24...1/8-IN. WIDE		

BOILABLE

Package of 12 tubes of a size . . . \$1.50
Less 20% on gross or more or \$14.40, net, a gross

Emergency Sutures with Needles

UNIVERSAL NEEDLE FOR SKIN, MUSCLE, OR TENDON



NO.	INCHES IN TUBE	SIZES
904..PLAIN KALMERID CATGUT..20..	00, 0, 1, 2, 3	
914..10-DAY KALMERID " ..20..	00, 0, 1, 2, 3	
924..20-DAY KALMERID " ..20..	00, 0, 1, 2, 3	
964..HORSEHAIR.....	56.....	00
974..WHITE SILKWORM GUT...28.....	0	
984..WHITE TWISTED SILK.....20.....	000, 0, 2	

BOILABLE

Package of 12 tubes of a size . . . \$2.40
Less 20% on gross or more or \$23.04, net, a gross

The ash of D & G Sutures is assayed to make sure that no traces remain of uncombined chromium nor of other residues of the chromicizing process.



Obstetrical Sutures

FOR IMMEDIATE REPAIR OF PERINEAL LACERATIONS



A 28-INCH suture of 40-day Kalmerid germicidal catgut, size 3, threaded on a large full-curved needle.

BOILABLE

No. 650. Package of one tube . . \$3.00
Less 20% discount on one gross or more

Circumcision Sutures



A 28-INCH suture of Kalmerid germicidal catgut, plain, size 00, threaded on a small full-curved needle.

BOILABLE

No. 600. Package of 12 tubes . . . \$3.00
Less 20% on gross or more or \$28.80, net, a gross

Universal Suture Sizes

All sutures are gauged by the standard catgut sizes as here shown

000	4
00	6
0	8
1	16
2	24
3	

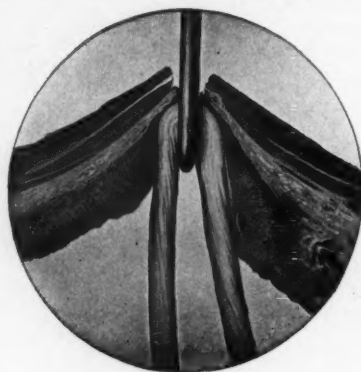
*These tubes not only may be boiled but even may be autoclaved up to 30 pounds pressure, any number of times, without impairment of the sutures.

†Potassium-mercuric-iodide is the ideal bactericide for the preparation of germicidal sutures. It has a phenol coefficient of at least 1100; it is not precipitated by serum or other proteins; it is chemically stable—unlike iodine it does not break down under light and heat; it interferes in no way with the absorption of the sutures, and in the proportions used is free from irritating action on tissues.

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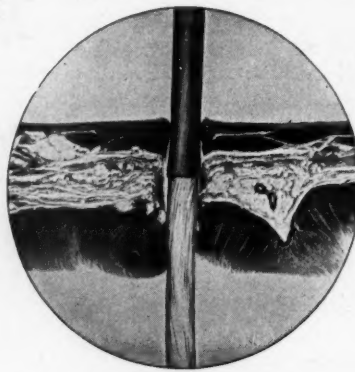
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MINIMIZED SUTURE TRAUMA



ORDINARY NEEDLE

Photomicrograph of ordinary intestinal needle penetrating the stomach wall. Note excessive trauma produced by the doubled catgut.



ATRAUMATIC NEEDLE

Photomicrograph prepared under identical conditions, of the D&G Atraumatic Needle with suture attached. Note minimized trauma.

D&G ATRAUMATIC NEEDLE

Affixed to the Boilable Grade of 20-Day Kalmerid Germicidal Catgut

FOR GASTRO-INTESTINAL AND MEMBRANE SUTURING



PRODUCT NO.	IN PACKAGES OF TWELVE TUBES OF ONE KIND AND SIZE	DOZEN TUBES
1341. A straight intestinal needle affixed to a 28-inch suture.....		\$3.00
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1343. A $\frac{3}{8}$ -circle intestinal needle affixed to a 28-inch suture.....		3.60
1345. A half-circle intestinal needle affixed to a 28-inch suture.....		3.60

SIZES: 00..0..1

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Toronto Women's College Hospital

The Women's College Hospital, Toronto, staffed by women for women, began in a very small way, as a dispensary connected with the old Ontario Medical College for Women. This dispensary, started in 1896 by a young woman medical student, had its first home



Portrait by Milne Studios
Miss **HARRIET T. MEIKLEJOHN**
Superintendent
Women's College Hospital, Toronto

in a mission hall on Sackville Street. In two years this clinic had altogether outgrown its quarters and was moved to the basement of the Women's Medical College and given the oversight of the faculty. When the University decided that women were eligible for medical work, the college closed its doors, and the now homeless dispensary migrated to the corner of Parliament and Queen. Again there was another period of growth, and in 1910, by the help of women's organizations, joined to that of the staff and board of directors, a real hospital began at 18 Seaton Street, and by the end of the year it was boasting of seven beds. Again the nursing expanded rapidly and the hospital moved to Rusholme Road, provided twenty-five beds for its waiting patients and opened its training school for nurses. But in three years the authorities were once more at their wits' end, and a new wing was put up, which sent the accommodation soaring to fifty beds and twenty-five baby cots. And still the hospital grew.

Then the nurses were turned out into another house and things were quiet for a while, but the respite was not for long. Soon there was another cry of "more space," and other rooms were commandeered and finally the nurses' dining-room was swept away and a four-bed ward took its place. *Continued on next page*

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Largest Specialists in SEAMLESS Rubber Gloves
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More than three times as powerful a germicide as pure carbolic acid. Used by leading hospitals because it is highly efficient and economical.

The
J. F. HARTZ Co.

Limited
TORONTO - MONTREAL

There is a fine operating theatre and a good X-ray apparatus in the hospital, but, as Miss Janet Anderson, president of the board of directors, says, "Our main need is the 200 beds we could fill at this moment if we had them."

Figures are often dull things, but when they stand for human beings they are not. For instance, there is nothing dull about the fact that there were 326 babies born in the hospital in 1926, and this year will show the usual increase; and that in the out-patients' department there were treated, in that year, 4,038 cases of venereal disease.

The hospital takes care of all the obstretical cases sent it from the Haven and from the Victor Mission.

"If women don't do their best for these girls, who will?" That's the spirit of the hospital, which treats with equal care and kindness the mother who is going back, proudly, with her new baby, to a happy home, and the mother whose baby is handicapped by the lack of a father's name.

Plans are under way for a campaign to permit of building a new, thoroughly modern hospital.

Dr. W. H. Walsh, of A.H.A. Resigns

The announcement has been made by Dr. William H. Walsh, executive secretary of the American Hospital Association, of his resignation as executive secretary, to take effect January 1, 1928. He has been executive secretary of the association since February, 1925, succeeding Dr. A. R. Warner who

died in 1924. Dr. Walsh is returning to his private practice of hospital consultation, with offices in New York and Chicago.

At the time of the appointment of Dr. Walsh as executive secretary in 1925, the American Hospital Association was conducting its business in two rooms in rented quarters, with a staff of six people. At the present time the association owns its own building, has a staff of fifteen assistants, has created a reserve fund and has just completed the most successful convention in the history of the association.

"Before leaving the active service of the association as its chief executive officer, I desire to make the following comment to the membership," states Dr. Walsh. "The successful progress of the American Hospital Association depends upon its ability to render good service—that is its business and the reason for its existence. To the degree that we meet our obligations within the limitations arbitrarily set by the size of our income, do we deserve the support of the hospital field.

"Summing up the accomplishments of the past three years which may be looked upon as indications of the healthful growth of any organization, we find the American Hospital Association to-day in a position of which it may well be proud. We are permanently located in our own home whose value is rapidly increasing. The institutional membership has about doubled in the last three years. The general income has increased one-third during the same period. In spite of the extraordinary expenditures incident

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Why spend hours in the preparation of normal solutions?
Do it the Fixanal way, the five-minute fixer.

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FIXANAL concentrates are chemicals in capsules for preparing normal solutions by simply adding distilled water.

Normal solution methods have changed. Laboratory technicians are now using FIXANAL, the speedy, accurate method.



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FIXANAL demands that you make comparison between the old and new methods.

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to the acquisition of the new building, the state of our treasury is to-day more favourable than when we were conducting our work in rented quarters. During the last year, more money was appropriated for actual service to the field than during any other year in the history of the association. The personnel bureau has been established and is rendering a real service to hospitals and hospital workers. A quarterly Bulletin, the official publication of the association, with legitimate advertising in all issues, has been successfully launched and the association has expressed its desire to extend this to a monthly hospital journal at an early date, and—finally—the association enjoys the confidence and co-operation of the other two great national organizations engaged in work somewhat similar to our own, namely, the American Medical Association and the American College of Surgeons."

Winnipeg General Organized in 1872

In the September issue of THE CANADIAN HOSPITAL, in a reference to the Winnipeg General Hospital, the year of incorporation was given as 1885. This is incorrect. The hospital was organized in 1872 and incorporated in 1875, and has, therefore, served the citizens of Winnipeg well over half a century.

The executive staff of the hospital for 1926-27 is as follows: General Superintendent, George F. Stephens, M.D.; assistant medical superintendent, H. S. Churchill, B.A., M.D.; superintendent of nurses, Miss Jessie E. Grant, Reg. N.; assistant superintendent of nurses, Miss E. M. Fraser, Reg. N.; director

social service department, Miss Stella J. Pollexfen, Reg. N.; dietitian, Miss Mary M. Bruce; pharmacist, Elbert Edgar Horner; chief accountant, J. M. Cosgrave; purchasing agent, G. E. Rogers; chief engineer, W. Johnston; laundry supervisor, J. T. Stokes; Housekeeper, Mrs. M. M. Partridge; custodian, A. E. Rotsey.

WINDSOR, ONT.—Dr. W. S. Hodgins, who has been associated with Grace Hospital, Windsor, for the past three and a half years, has opened offices at the corner of London and Wellington Streets, Windsor, where he will continue general practice, with special attention to diseases of the nervous system and of the blood.

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Let us quote you on McKesson Appliances.

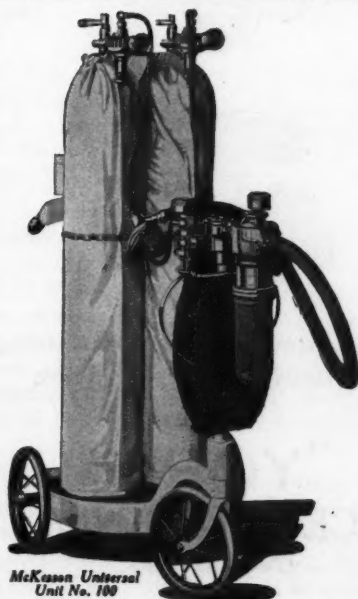
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This apparatus has no limitations, since all modern anesthetics may be administered under positive pressure or without pressure, as the requirements of the case may demand. The elimination of water in the apparatus as an indicator accomplishes this universal adaptability and secures greater accuracy and easier control of the anesthetic.

Fractional rebreathing, which is secured only with this apparatus, is being more appreciated in the last few years for its carbon dioxide effect and conservation of gases than ever before.

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Please refer to THE CANADIAN HOSPITAL when writing

News of Hospitals and Staffs

A Condensed Monthly Summary of Hospital Activities, Building and Extension Plans and Personal News of Hospital Workers.

Editor's Note: Contributions of items for publication in this department will be gladly received. Please address, The Canadian Hospital, 454 King Street West, Toronto.

LONDON, ONT.—Dr. J. Kirk, house surgeon at St. Joseph's Hospital last year, and graduate of the University of Western Ontario medical school, class of 1925, is to follow the medical profession in Listowel. He has purchased the practice of Dr. James Morroe, prominent practitioner of that town.

HAMILTON, ONT.—John Matheson, business manager at the General Hospital, has resigned, to accept a more lucrative position elsewhere.

Mr. Matheson was appointed business manager at the General Hospital two years ago when this post was created, mainly at the suggestion of T. H. Pratt. He has held this position with complete satisfaction to the board ever since that time.

FREDERICTON, N.B.—Miss Mary Adelaide Baker, R.N., Melvern Square, N.S., and a graduate of the Victoria Hospital Training School for Nurses of the class of 1925, has accepted a position on the staff of the Presque Isle Hospital as night supervisor and has already taken up her duties. For the past eight months Miss Baker has been in charge of the operating room in the Soldiers' Memorial Hospital at Middleton, N.S.

ST. JOHN, N.B.—Dr. E. W. Flahiff, of Paris, Ont., has been appointed to succeed Dr. C. W. MacMillan as second assistant on the medical staff of the Saint John County Hospital. Dr. Flahiff is a medical graduate of the University of Toronto and has been engaged for two years on the medical staff of St. Michael's Hospital, Toronto.

Dr. MacMillan has been appointed to the Provincial Department of Health as travelling tuberculosis diagnostician for the western section of the province.

COBOURG, ONT.—After thirty-two years' service with the Ontario Government in provincial hospitals, Dr. W. T. Wilson, medical superintendent of the Ontario Hospital, Cobourg, has resigned. The resignation became effective on October 31.

Dr. Wilson, known throughout Canada as one of the leading psychiatrists of the Dominion, has resided in Cobourg on two occasions, having been here in 1910-1912, before going to Penetanguishene as medical superintendent, and returning in 1923 as superintendent of the Ontario Hospital for the insane.

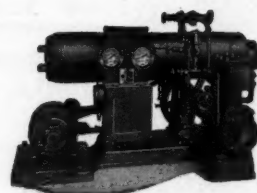
Dr. Wilson is retiring from service because of continued ill-health. He will leave Cobourg following the termination of his duties at the Ontario Hospital to reside in Hamilton.

SHERBROOKE, QUE.—Miss Helen Buck, superintendent of the Sherbrooke Hospital, has returned from a trip abroad, and has resumed her duties at the hospital.

KINGSTON, ONT.—R. S. Graham has been appointed bursar at Rockwood Hospital, the appointment to date from the 16th of September.

Mr. Graham has been employed at the hospital for the past twenty-one years and for a great part of that time has had charge of the stores department.

TORONTO, ONT.—Dr. Victoria Silverthorn, widow of the late Dr. Gideon Silverthorn, professor at Toronto University, and chief physician of St. Michael's Hospital, Toronto, is leaving to join Miss Jessie Allen at a Baptist Hospital in India, regarded as one of the best equipped institutions in that land. As Miss Victoria Reid, M.D., she was well known in Toronto medical circles and in Kingston.



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Mechanical Refrigeration
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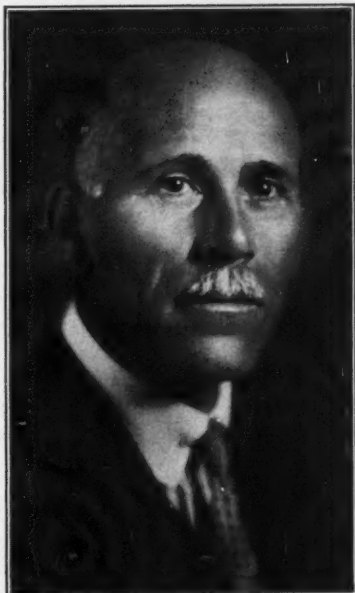
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Portrait by Milne Studios

DR. GEORGE E. WILSON
Surgeon-in-Chief
St. Michael's Hospital, Toronto

HAMILTON, ONT.—The Hospital Board has approved the expenditure of \$700,000 on the hospitals, and recommended that a by-law be submitted to the people.

* * *

RENFREW, ONT.—Miss Kathleen Forbes, a member of the Civic Hospital staff, Ottawa, and formerly of Boston, has been appointed superintendent of Renfrew Hospital in succession to Miss McWatters, resigned.

* * *

SASKATOON, SASK.—Miss Mary Catherine King, of Rosetown, has been appointed first dietitian of St. Paul's Hospital, Saskatoon. Miss King is a graduate in arts of the University of Saskatchewan, holds a first-class teacher's certificate, and has had two years of teaching experience in the province. Since April she has been doing post-graduate work in dietetics in the Regina General Hospital.

* * *

BRANTFORD, ONT.—Miss Helen Potts, formerly of the Brantford Hospital staff, and who for the past year has been on the staff of the Good Samaritan Hospital, Los Angeles, California, has returned to Brantford. She will resume her former position as assistant superintendent at the local institution, Miss V. Pearson having resigned to return to her home in Montreal. Miss Gladys Westbrook, supervisor of the children's department, is leaving for Montreal to take a special course in orthopedic work at the Shriners' Hospital for crippled children.



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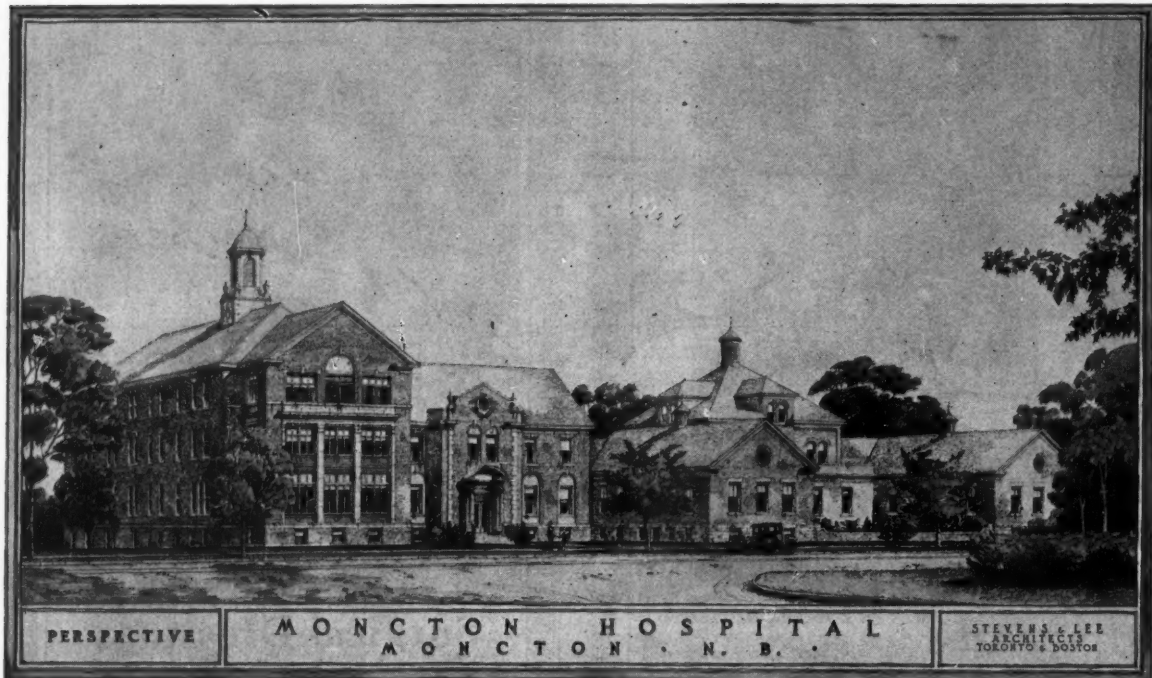
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THE MONCTON HOSPITAL'S BUILDING SCHEME



THE plans for the enlarged Moncton Hospital have been drawn by Messrs. Stevens and Lee, Architects, of Toronto. With the completion of the building of the new units and the remodelling of the present building, the hospital will have a total of 125 beds instead of the 80 beds which it has at present. The first floor of the existing building will be devoted to a maternity ward and the second floor reserved for the children's department. The new unit will contain the general wards and the semi-private and private rooms, as well as two completely-equipped operating rooms, sterilizing room, anesthesia room, nurses' work room, surgeon's dressing and wash-up room, as well as a small laboratory for analysis.

A new power-house and laundry will be built apart from the general hospital buildings, far enough away to avoid any disturbance of the patients because of noise or smoke. Both of these units will be of sufficient size to take any additional equipment that may be necessary for future extensions. The power plant equipment will be of the most modern and will provide steam for laundry, sterilizers and steam cooking. The buildings will be heated by forced hot water which will be brought to the required temperature by high-pressure steam.

The new buildings will be built of brick and hollow tile, with reinforced concrete floors, columns and beams, and will be thoroughly fire-proof.

There will be an electric nurse-call system of the most modern type, by means of which the patient by merely pressing a button will flash lights in three or four different places where the nurses are likely to be working, so that the minimum of time will elapse

between the call by the patient and the answer by the nurse.

There will be a sun-room enclosed with windows at the south end of each floor so that convalescing patients may have the advantage of sunlight in all kinds of weather.

The plumbing will be of a type especially designed for hospital use as will be the radiators, hardware and lighting fixtures.

When this new unit is completed it will give Moncton one of the most up-to-date and modern hospitals in the Maritimes.

The cost of the new wing and the power-house and laundry will reach \$275,000 to \$300,000. The hospital board is asking the people of this section of New Brunswick to provide \$125,000 of the cost during the intensive campaign which is just starting. The balance of the money is to be produced by the sale of bonds, of which the city has already guaranteed in the amount of \$75,000.

Additions to Regina General Hospital

Continued from Page 13

On Ground Floor

On the ground floor, a public ward with twelve beds will occupy the west half of the wing. The east side will have semi-private wards, which will accommodate from two to four beds. In the centre of the ground floor, directly over the admitting office, there will be an examining room, a service room from which meals, when sent up from the kitchens, will be distributed to the patients, and the nurses' station. The nurses' station will be the last word in the way of

signalling systems. The attendant will be provided with a signal board which will indicate to her the number of any room or bed where service is required.

Each floor will also have a diet kitchen, which will serve the double purpose of a headquarters for the dietitian in charge of the patients on that floor, and a class-room for the instruction of those who will require special diets upon leaving the hospital.

In general, the plans for what is known as the first floor up and the second floor, will be the same as those of the ground floor. Departures from the general design will be necessary on the top floor in order to provide for the X-ray department and a special urology department which will be adjacent to it.

"De Luxe" Wards

An interesting feature which is being installed at the instigation of the governors of the hospital will be found on the second floor. Here there will be five "extra accommodation" or "de luxe" wards. These will be private, compact suites, furnished in the best available fixtures. They will be on the west side of the new wing, while on the east side there will be nine private wards which, although not specifically designated "de luxe," nevertheless, will be quite luxurious.

The top floor of the wing will be given mainly to operating rooms, in addition to the features already mentioned. There will be a special operating room for the urological department, and one for surgical eye, ear, nose and throat cases, and three general

operating rooms. So far as is known, there will be no extra charge for an operation in one of the special operating rooms. There will also be installed a special steam-cabinet blanket warmer, a supply room for instruments and an anaesthetic room. Adjacent to each operating room there will be a sterilizing room. The operating rooms will be equipped, according to Dr. Low, with the best and most modern in lighting arrangements, namely, the Zeiss and Scyalitic lighting systems.

The new wing, it is expected, will be handed over to the hospital governors by the architects, Storey and Van Egmond, early in November, and Dr. Low states that all equipment will be readiness to put it in full operation at the earliest possible date.

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MISCELLANEOUS: (a) Superintendent for southern 65-bed general hospital with training school. \$125 and maintenance. (b) Experienced anesthetist for 200-bed Delaware hospital. \$100 and maintenance. (c) General duty nurses, eight hours, tuberculosis sanitarium, New York. \$80 to \$90 and maintenance. (d) General night duty, small Minnesota hospital. \$100 and full maintenance. No. 1583, Aznoe's Central Registry for Nurses, 30 North Michigan Avenue, Chicago.

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PURCHASING FOR THE DIETARY DEPARTMENT

By RUTH M. COOLEY

Head Dietitian, Jewish Hospital, St. Louis

The purchasing of raw materials for a dietary department is a problem which, it seems to me, each hospital must meet for itself. So many factors influence the decision as to who shall purchase, that no set rule applicable to all institutions can be made.

First, of course, the size and type of institution must be considered. A large hospital, well staffed and adequately separated into efficient, stabilized departments, cannot set the standard for the small institution, where one person must perform multiple duties. Where the size and budget of the large institution may permit a business manager, a purchasing agent, one or more assistants to the superintendent, one of whose duties may be the purchasing, or a large storeroom personnel, all of these duties may perhaps be invested in one person in the smaller institution. In such hospitals, the dietary staff may be very small, increasing in size and in multiplicity of duties in direct proportion to the increase in the hospital beds.

How then, can we definitely say how much, if any, of the purchasing shall be included in the responsibilities assigned to the dietitian? At all times, provided that her duties allow her the time and facilities for familiarizing herself with market conditions, prevailing prices and an adequate control over her storeroom I feel that any dietitian should want, and solicit, the responsibility of purchasing her own supplies. Direct contact between the supply house or its representative and the person who is to use the food that she buys from him, is a not inconsiderable factor. Complaints transferred from the dietitian through a purchasing agent to a supply house, frequently lose weight, and in the case of perishable foodstuff especially, are often not adjusted with the promptness and dispatch that are important to the efficiency of the department.

Learn the Markets

In the smaller hospital where one dietitian is employed, where the superintendent has no assistant and where the daily average of patients does not exceed one hundred, I, as the dietitian, should feel most urgently the need of purchasing both staple and perishable supplies. The quantity of purchasing is not great; frequently these hospitals will be in small communities, where the markets are few, small and easily accessible, and if her department is stable and well organized, she should find it both profitable and instructive to learn the markets, follow the seasons and control her expenditure advantageously, both to the hospital and to the patient.

It may seem that one dietitian will be unable to assume, in addition to her other duties, another which will, if adequately done, absorb much of her time and interest. But I know of no way in which a thorough knowledge of the market prices and availability of the materials she is to use, can be

Read at the dietary clinic at the Hospital Clinical Congress, Milwaukee, Wis., June 21, 1927.

so well gained. How much more careful will she be in her menu-planning! How much more thoughtful and efficient in the use of her foods!

This may apply to any dietitian, of course, whether her institution be large or small. But many a dietitian managing the dietary department of a large hospital, finds herself with insufficient time to devote to the large problem of purchasing all her supplies. Think what the efficient expenditure of funds allowed for her large department entails? She must learn thoroughly her markets not only for staples, but for perishables as well. In the purchasing of staples and canned foods alone, there are salesmen to be interviewed; samples must be submitted, cut and judged. Comparative prices must be studied; the buying of "futures" must be considered; competition between local and competing outside firms must be carefully and tactfully handled, and the whole, on a much larger scale, must be fitted to that portion of her budget assigned to these items. Entailing more study and the most careful correlation with her ever-changing daily needs, is the purchasing of her perishables. If she is to purchase at all, there, if at any point, the dietitian should assert her just rights to buy the raw materials that are to create for her department the reputation it must maintain. The variety and seasonable efficiency of her menus can be greatly enhanced if she is thoroughly familiar with the daily market of fruit and vegetables. A wise purchase at a desirable price can be

Continued on Next Page

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Purchasing for the Dietary Department

Continued from Page 27

made to fit into her menu if she is aware of it in sufficient time.

Constant contact with the markets allows for the inclusion in weekly menus, which may be planned ahead, those foods soon to be in season; the receiving of supplies into her own department by people directly responsible to her, permits of immediate exchange of any unsatisfactory article. Meats, carefully selected for quality and price, vary with market fluctuations. By close contact the dietitian is able to stress on her menus those foods which are most economical, and to serve the more expensive ones only when and where necessary.

Consultation Suggested

In short, if the hospital is of sufficient size to employ a purchasing agent, a dietitian and a storekeeper, I feel that an ideal arrangement can be made in this fashion. Upon consultation of these three, adequate standards can be decided upon for staple articles. Samples submitted and new foods brought to market can be mutually examined. The purchasing agent may then stock his storeroom and keep for the dietitian sufficient of those foods which they have previously determined as desirable for the uses of their institution. Upon stated days these staples may be requisitioned by the dietitian and delivered to her by the storekeeper. These requisitions may then be priced, returned to her for her approval and kept on file for use in determining the per capita cost of her department. This will greatly simplify the work of purchasing, allowing her to devote her time and attention to the buying of perishable foods. It will, at the same time, if the spirit of co-operation is as it should be, allow her those foods of desired quality which will be necessary for her menu planning.

Purchasing Perishable Foods

In the purchasing of *perishable* foods, daily reports of orders given should be submitted to the receiving clerk with stated specifications of that which she has purchased, the price that she has paid for them, and the weight whenever necessary. Any variance from this should be reported to her at once, and the purchasing slip returned, signed by the person who has received the supplies. Thus, as soon as the food purchased is within her department, it can be checked by her as to quality, weight and desirability.

Frequent trips to the points of purchase are of greatest value in the marketing of fresh fruits, vegetables and meats. This not only allows her a splendid chance for selection, but establishes personal contacts with the supply house that are always far more valuable than those made over the telephone.

We have besides these large groups of hospitals into which these systems may fit, the third group where the dietitian does not manage the entire department, but has only the special diets, while a housekeeper or steward will have the balance of the food problems. In such institutions it hardly seems feasible for the dietitian to be deeply involved in the purchasing. She should, of course, be greatly concerned about

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the supplies that she will be required to use, and sufficient respect given her judgment, so that she will unquestionably be given those foods that she feels necessary for the efficient management of her department, and the expenditure for which will be suitable to her budget.

News of Hospitals and Staffs

Continued from Page 23

GALT, ONT.—Miss Margaret Tait, of Picton, has been appointed superintendent of Galt Hospital.

* * *

SASKATOON, SASK.—Miss Memorabilia Jones, R.N., of Winnipeg, has been appointed night superintendent of the Saskatoon Hospital.

* * *

TORONTO, ONT.—A building permit has been issued by the City Architect for the addition of the new medical wing to the Toronto General Hospital at College Street and University Avenue. The cost will be \$235,000.

* * *

PRINCE ALBERT, SASK.—Philip V. Wade, formerly of the penitentiary staff, was named to succeed V. I. Sandt as general secretary of the Victoria Hospital at a meeting of the board in October. Mr. Wade is well known in the city, having resided here for some years.

Miss M. I. Hall, matron of the hospital, will have charge of the management.

* * *

TORONTO, ONT.—Miss Ella J. Jamieson, associate director of school nursing service in the Ontario Department of Health, has been granted a travelling scholarship by the Rockefeller Foundation, and has left for Columbus, Ohio. She will spend several months studying health education in the larger cities of the United States. She is a graduate of the Hospital for Sick Children and was president of the Ontario Graduate Nurses' Association for four years.

* * *

Victoria, B.C.—Dr. Cyril Wace, who has been acting in an honorary capacity as medical superintendent of the Queen Alexandra Solarium at Mill Bay since its inception, has been appointed permanent medical superintendent and will take over his new full-time duties at the end of October. To enable him to do this he is resigning from the Soldiers' Civil Re-establishment, where he has held the office of assistant medical superintendent since 1918.

Dr. Wace was largely instrumental in the establishment of the Solarium. He made a study of the wonderful results accomplished at the Rollier sanitarium in Switzerland, and Sir Henry Gauvain convinced him of the value of a similar establishment on this Island. Although Dr. Wace has given many hours of his leisure time to the Solarium, the directors now feel that with the increase in the number of child patients, a permanent medical executive is imperative.

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Purchase Hospital Site

PORT ARTHUR, ONT.—W. H. Russell, chairman of the new General Hospital committee, stated recently that the site for the new hospital has been purchased, the necessary payment having been made by the Ladies' Aid of the hospital. The first unit of the institution will cost \$300,000.

"Steps will be taken at once," said Mr. Russell, "to have the site cleared and it will be fenced in." It is bounded by Algoma Street North, Court Street South, Clavet and Monroe Streets.

If plans are far enough advanced it is hoped that excavating may be done this fall for the new building, but nothing definite in that connection has been so far arranged.

Please refer to THE CANADIAN HOSPITAL when writing

NEW PRICES

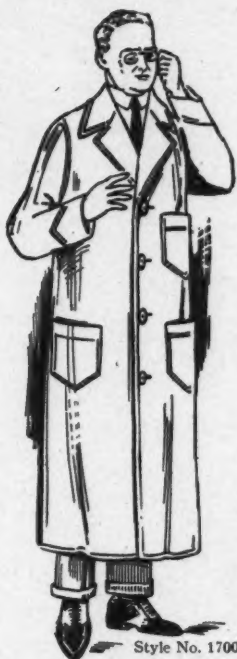
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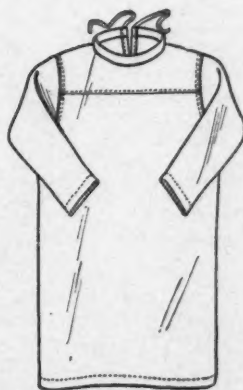


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Toronto Western Hospital - - - Toronto
Brantford Clinic - - - - - Brantford
Queen Alexandra Sanitarium - London
Hollinger Mines - - - - - Timmins
Calydor Sanitarium - - - Gravenhurst
Nova Scotia Sanitarium - Kentville, N.S.

In addition to the above there is a total of almost one hundred installations of Keleket machines of various types, of which twenty are in use in Toronto.

Our stock of new Keleket machines, for immediate delivery from Toronto or Montreal stock, comprises the following:

2 - 5" - 30 M.A. - 25 cycle
1 - 5" - 30 M.A. - 60 "
3 - 8" - 200 M.A. - 25 "
1 - 8" - 200 M.A. - 60 "
1 - 12" - 550 M.A. - 25 "



THE BURKE ELECTRIC & X-RAY CO.

X-Ray Engineers—Keleket X-Ray Apparatus and Service—Physio-Therapy Equipment

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